

FIRST:

Colleen Peterson Ph.D., President Joan Winkler M.A., Vice President Richard Harrison, Secretary/Treasurer Donald Huggins, Ed.D., Member Erik Schoen, Member Katherine Unthank, Ph.D., Member Sean Gamble, Member Hal Taylor, Member

## 

and Clinical Professional Counselors

P.O. Box 370130 Las Vegas, NV 89137 (702) 486-7388 Fax: (702) 486-7258

LIC NO:

2014 CEU Reporting Form (CEUs done in 2013)

LAST:

MID:

ADDRESS:	PHONE:		CELL:		
CITY:	STATE:	ZIP:	EMAIL:	AIL:	
To maintain licensure in the State of N Counselor is required to acquire at lea the date of renewal. At least 3 hrs must hr must be in Supervision for Supervisors	ast 20 hrs of Continues be in Ethics. Not m	uing Education Unore than 10 hours	Units per year immediates can be distance education	ely preceding on. At least 1	
Course Title	Organization Sponsor	Date(s)	CEU Approval Number	Number of CEU hrs.	
Ethics:					
Supervision:					
	TOTAL CEU HOUI	RS		hrs	
I certify that I have completed 20 MFT/ CPC re	elated CEU hrs and I co	ertify that I have at	tendance/ completion certifi	icates in my files.	
		Signature	Date		
Rev 12/11, CEU Reporting Form 15					